

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036021

4997

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1001

Registrar's No.

FILED SEP 27 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in lb <b>23 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>3035 HARRISON STREET</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>ALLEN</b> Last <b>BRYANT</b>		4. DATE OF DEATH Month <b>September</b> Day <b>10</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 5, 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Freight Railway</b>	
11a. FATHER'S NAME <b>JAMES A BRYANT</b>		11b. MOTHER'S MAIDEN NAME <b>IDA SUTHERLAND</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		17. INFORMANT <b>EDNA BRYANT, 3035 HARRISON STREET</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cor Pulmonale</b> DUE TO (b) <b>Severe Pulmonary fibrosis</b> DUE TO (c) <b>Due to Asthmatic emphysema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> <b>2+ yrs</b> <b>Years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma left main bronchus with local infiltration</b>		PART III. If deceased was female was there a pregnancy in last 90 days <b>Does not know</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Sept 27, 1962</b> to <b>Sept 10, 1963</b> and last saw him alive on <b>Sept 10, 1963</b>		Death occurred at <b>6:55 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) <b>Wm. H. Goodson, Jr. M.D.</b>		22b. ADDRESS <b>1322 Professional Bg. Kansas City, Mo. 64106</b>	
22c. DATE SIGNED <b>9/11/63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>September 12, 1963</b>	
23c. LOCATION (City, town, or county) (State) <b>St. Scott Kansas</b>		24. FUNERAL DIRECTOR <b>DW. HAWKINS' SONS - 1331 BRUSH CREEK BLVD.</b>	
25. DATE RECD. BY LOCAL REG. <b>9-12-63</b>		26. REGISTRAR'S SIGNATURE <b>Beaser Smith</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. William D. Gordon  
Professional Rly.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Harold D. Reich*

Licensed Embalmer No. 1998

P. O. Address R. E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.